

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10687814** FILING DATE **10-20-23**  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.	2					
TOTAL DEP.	19					
TOTAL	21					

	IND	DEP	IND	DEP	IND	DEP
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